

महाराष्ट्र MAHARASHTRA

2017

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दिनांक क्र. २३२ य००२ १००५/३११८
 PRINCIPAL पैली ह. दि

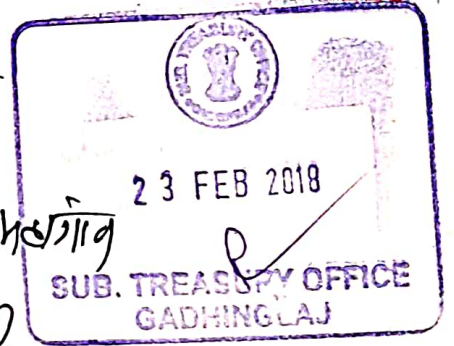
श्री. / सौ. E.B. GADKARI HOMOEOPATHIC
 MEDICAL COLLEGE & HOSPITAL कलीज
 GADHINGLAJ DIST. KOLHAPUR

श्री. उदय शिंदे (शिंदे) श्री. राजाराम पाटील स. महाराष्ट्र
 श्री. उदय शिंदे (शिंदे) श्री. राजाराम पाटील स. महाराष्ट्र

मुद्रांक विद्यालया नं. १२४९, निळक पथ, गडहिंगलज

फोन: क. मु. वि. अ. १७/२००९-२०००

श्री. मु. क्र. २६०६३१२



PRINCIPAL
 E.B. GADKARI HOMOEOPATHIC
 MEDICAL COLLEGE & HOSPITAL
 GADHINGLAJ DIST. KOLHAPUR

ANNEXURE- X|||

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Principal of the DSVK'S E. B. GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL GADHINGLAJ College / Institute solemnly states on affirmation, that the information provided by me in Inspection Form as well

as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure- VI are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024 -2025 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VI are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- VI are not practicing in College working hours or out-side the City where the College /Institute is situated.

I further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 8th day of January, 2024 at Gadhinglaj

Date: 08/01/2024

Place : Gadhinglaj



Signature of Principal

Name of the Signatory-

(with Seal of the College / Institute)

PRINCIPAL
E.B.Gadkari Homoeopathic
Medical College & Hospital
Gadhinglaj, Dist. Kolhapur

[Handwritten Signature]
08/01/2024
[Handwritten Name: De. P. B. D. Sonar]